

**HAND  
DELIVERED**

**UNITED STATES HOUSE OF REPRESENTATIVES**  
2018 FINANCIAL DISCLOSURE STATEMENT

Form A  
For Use by Members, Officers, and Employees

*MC*  
10/10/18 pg 4:37  
OFFICE OF THE CLERK  
LEGISLATIVE RESOURCE CENTER

**Name:** Hon. Debbie Lesko

**Daytime Telephone:** 202-225-4576

A \$200 penalty for each individual who files more than 30 days late.

<b>FILER STATUS</b>	<input checked="" type="checkbox"/> Member of the U.S. House of Representatives	<b>State:</b> <u>AZ</u>	<b>Employing Office:</b>	<b>Staff Filer Type:</b> (If Applicable)
<b>REPORT TYPE</b>	<input checked="" type="checkbox"/> 2018 Annual (Due: May 15, 2019)		<input type="checkbox"/> Officer or Employee	<input type="checkbox"/> Share <input checked="" type="checkbox"/> Principal Assistant
	<input type="checkbox"/> Amendment		<input type="checkbox"/> Termination	
			<b>Date of Termination:</b> _____	

**PRELIMINARY INFORMATION - ANSWER EACH OF THESE QUESTIONS**

A. Did you, your spouse, or your dependent child: a. Own any reportable asset that was worth more than \$1,000 at the end of the reporting period? or b. Receive more than \$200 in unearned income from any reportable asset during the reporting period?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>	F. Did you have any reportable agreement or arrangement with an outside entity during the reporting period or in the current calendar year up through the date of filing?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>
B. Did you, your spouse, or your dependent child purchase, sell, or exchange any securities or reportable real estate in a transaction exceeding \$1,000 during the reporting period?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>	G. Did you, your spouse, or your dependent child receive any reportable gift(s) totaling more than \$390 in value from a single source during the reporting period?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
C. Did you or your spouse have "earned" income (e.g., salaries, honoraria, or pension/IRA distributions) of \$200 or more during the reporting period?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>	H. Did you, your spouse, or your dependent child receive any reportable travel or reimbursements for travel totaling more than \$390 in value from a single source during the reporting period?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>
D. Did you, your spouse, or your dependent child have any reportable liability (more than \$10,000) at any point during the reporting period?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	I. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article during the reporting period?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
E. Did you hold any reportable positions during the reporting period or in the current calendar year up through the date of filing?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>	<b>ATTACH THE CORRESPONDING SCHEDULE IF YOU ANSWER "YES"</b>	
<b>IPO AND EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER EACH OF THESE QUESTIONS</b>			
IPO - Did you purchase any shares that were allocated as a part of an Initial Public Offering during the reporting period? If you answered "yes" to this question, please contact the Committee on Ethics for further guidance.			
<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
TRUSTS - Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "exempted trusts" need not be disclosed. Have you excluded from this report details of such a trust that benefits you, your spouse, or dependent child?			
<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
EXEMPTION - Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or your dependent child because they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics.			
<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			

**SCHEDULE A - ASSETS & "UNEARNED INCOME"**

Name: Hon. Debbie Lesko

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## **SCHEDULE A - ASSETS & "UNEARNED INCOME"**

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## **SCHEDULE A - ASSETS & "UNEARNED INCOME"**

Name: Hon. Debbie Lesko

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BLOCK A Assets and/or Income Sources		BLOCK B Value of Asset												BLOCK C Type of Income						BLOCK D Amount of Income						BLOCK E Transaction																			
ASSET NAME	TYPE	A		B		C		D		E		F		G		H		I		J		K		L		M		N																	
RIRA (SGCQX) - First Eagle Overseas I	X	None												A						I						P, S, S(part), & E																			
RIRA (WALCPX) - Western Asset Core Plus Bond	X	\$1-\$1,000												B						II						P																			
WF - RP (AMRP) - AMEX RETIREMENT PLAN	X	\$1,001-\$15,000												C						III						P																			
WF (2025) - THE 2025 RETIREMENT FUND	X	\$15,001-\$50,000												D						IV						P																			
WF (DBF) - THE DIVERSIFIED BOND FUND	X	\$50,001-\$250,000												E						V						P																			
WF (SV) - THE STABLE VALUE FUND	X	\$250,001-\$500,000												F						VI						P																			
	X	\$500,001-\$1,000,000												G						VII						P																			
	X	\$1,000,001-\$5,000,000												H						VIII						P																			
	X	\$5,000,001-\$25,000,000												I						IX						P																			
	X	\$25,000,001-\$50,000,000												J						X						P																			
	X	Over \$50,000,000												K						XI						P																			
	X	Spouse/OC Asset over \$1,000,000*												L						XII						P																			
		NONE												M						XIII						P																			
		DIVIDENDS												N						XIV						P																			
		RENT												O						XV						P																			
		INTEREST												P						XVI						P																			
		CAPITAL GAINS												Q						XVII						P																			
		EXCEPTED/BLIND TRUST												R						XVIII						P																			
		TAX-DEFERRED												S						XIX						P																			
		Other Type of Income (Specify e.g., Partnership Income or Farm Income)												T						XX						P																			
		None												U						XXI						P																			
		\$1-\$200												V						XXII						P																			
		\$201-\$1,000												W						XXIII						P																			
		\$1,001-\$2,500												X						XXIV						P																			
		\$2,501-\$5,000												Y						XXV						P																			
		\$5,001-\$15,000												Z						XXVI						P																			
		\$15,001-\$50,000												AA						XXVII						P																			
		\$50,001-\$100,000												AB						XXVIII						P																			
		\$100,001-\$250,000												AC						XXIX						P																			
		\$250,001-\$500,000												AD						XXX						P																			
		Over \$50,000,000												AE						XXXI						P																			
		Spouse/OC Asset with Income over \$1,000,000*												AF						XXXII						P																			



## SCHEDULE B - TRANSACTIONS

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Report any purchases, sales, or exchange transactions that exceeded \$1,000 in the reporting period of any security or real property held by you, your spouse, or your dependent child as investment or the production of income. Include transactions that resulted in a capital loss. Provide a brief description of an exchange transaction. Exclude transactions between you, your spouse, or dependent children, or the purchase or sale of your personal residence, unless it generated rental income. If only a portion of an asset is sold, please choose "partial sale" as the type of transaction.

**Capital Gains:** If a sales transaction resulted in a capital gain in excess of \$200 check the "Capital Gains" box, unless it was an asset in a non-deferred account, and disclose the capital gain income on Schedule A.

**Column K:** Is for assets solely held by your spouse or dependent child.

**Capital Gains:** If a sales transaction resulted in a capital gain in excess of \$200, check the "Capital gains" box, unless it was an asset in a non-deferred account, and disclose the capital gain income on Schedule A.

## SCHEDULE C - EARNED INCOME

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List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. government) totaling \$200 or more during the reporting period. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding \$1,000. See examples below.

**EXCLUDE:** Military pay (such as National Guard or Reserve pay), federal retirement programs, and benefits received under the Social Security Act.

**INCOME LIMITS and PROHIBITED INCOME:** The 2017 limit on outside earned income for Members and employees compensated at or above the "senior staff" rate was \$27,765. The 2018 limit is \$28,050. In addition, certain types of income (notably honoraria, director's fees, and payments for professional services involving a fiduciary relationship) are totally prohibited.

Source (include date of receipt for honoraria)	Type	Amount
Keene State	Approved Teaching Fee	\$6,000
State of Maryland	Legislative Pension	\$18,000
Civil War Roundtable (Oct. 2)	Spouse Speech	\$1,000
Ontario County Board of Education	Spouse Salary	N/A
STATE OF ARIZONA	SALARY	1272.67
AZ GRASSROOTS ADVOCATES, LLC	SPOUSE INCOME	N/A
AMERICAN EXPRESS	SPOUSE SALARY	N/A

## SCHEDULE D - LIABILITIES

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Report liabilities of over \$10,000 owed to any one creditor at any time during the reporting period. **Members:** Members are required to report all liabilities secured by real property including mortgages on their personal residence. **Exclude:** Any mortgage on your personal residence (unless you rent it out or are a Member); loans secured by automobiles, household furniture, or appliances; liabilities of a business in which you own an interest (unless you are personally liable); and liabilities owed to you by a spouse or the child, parent, or sibling of you or your spouse. Report a revolving charge account (i.e., credit card) only if the balance at the close of the reporting period exceeded \$10,000. Column K is for liabilities held solely by your spouse or dependent child.

## SCHEDULE E - POSITIONS

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Report all positions, compensated or uncompensated, held during the current or prior calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, nonprofit organization, labor organization, or educational or other institution other than the United States. Exclude: Positions held in any religious, social, fraternal, or political entities (such as political parties and campaign organizations); and positions solely of an honorary nature.

Position	Name of Organization
CHAIRMAN	SENATE REPUBLICAN LEADERSHIP FUND PAC (RESIGNED FROM THIS POSITION PRIOR TO FILING TO RUN FOR CONGRESS)
COMMUNITY ADVISORY COUNCIL	FAITH HOUSE DOMESTIC VIOLENCE SHELTER
REPRESENTATIVE	AZ STATE SENATE (COMPENSATED - RESIGNED POSITION IN JANUARY 2018)
TREASURER	AMERICAN LEGISLATIVE EXCHANGE COUNCIL (NOTE: NO LONGER SERVING IN THIS POSITION)

## SCHEDULE F - AGREEMENTS

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Identify the date, parties to, and general terms of any agreement or arrangement that you have with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

Date	Parties to Agreement	Terms of Agreement
1/9/2009	Me and State of AZ	PARTICIPATE IN AZ STATE PENSION PLAN.

**SCHEDULE G - GIFTS**

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Report the source (by name), a brief description, and the value of all gifts totalling more than \$390 received by you, your spouse, or your dependent child from any source during the year. Exclude: Gifts from relatives, gifts of personal hospitality from an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of \$156 or less need not be added towards the \$390 disclosure threshold. Note: The gift rule (House Rule 25, clause 5) prohibits acceptance of gifts except as specifically provided in the rules and some gifts require prior approval of the Committee on Ethics.

Source	Description	Value
Example: Mr. Joseph Smith, Arlington, VA	Silver Platter (prior determination of personal friendship received from the Committee on Ethics)	\$40
NONE		

## SCHEDULE H - TRAVEL PAYMENTS and REIMBURSEMENTS

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Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totaling more than \$390 received by you, your spouse, or your dependent child during the reporting period. Indicate whether a family member accompanies the traveler at the sponsor's expense. Disclosure is required regardless of whether the expenses were paid directly by the sponsor or were paid by you and reimbursed by the sponsor.

**EXCLUDE:** Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (FGDA, 5 U.S.C. § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to the filer.

Source	Date(s)	City of Departure-Destination-City of Return	Lodging? (Y/N)	Food? (Y/N)	Family Member Included? (Y/N)
Government of China (MECEA)	Aug 6-11	DC-Beijing, China-DC	Y	Y	N
Example: Heifer for Humanity (charity fundraiser)	Mar. 3-4	DC-Boston-DC	Y	Y	Y
HUDSON INSTITUTE, HENRY JACKSON SOCIETY	12/13 - 12/18/18	WASHINGTON, DC, LONDON, UK, OXFORD, UK - WASHINGTON, DC	Y	Y	Y

**SCHEDULE I - PAYMENTS MADE TO CHARITY IN  
LIEU OF HONORARIA**

Name: Hon. Debbie Lesko

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List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of paying an honorarium to you. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Ethics.

Source	Activity	Date	Amount
Examples: Association of American Associations, Washington, DC XYZ Magazine	Speech	Feb. 2, 2017	\$2,000
NONE	Article	Aug. 13, 2017	\$500

**FILER NOTES  
(Optional)**

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NOTE NUMBER	NOTES
1	Schedule A - AZPEN - Please note the AZ State Pension does not provide for any information as to holdings.
2	Schedule A - USSB - US Savings Bonds - Value is listed as amount due upon cashing out such bonds based on their total value including interest as of the date reported. Income listed is the interest income once the bond has been redeemed.
3	Schedule A - DDVX - The following assets do not appear on this report compared to previous report due to valuation under \$1,000. INVESTMENT (DDVX) and RIRIA (EGIX).
4	Schedule E - Note: no positions are compensated except for the one indicated.
5	Schedule A - PTSPX - INVESTMENT (PTSPX) does not have a reportable Schedule B transaction as there were multiple smaller transactions, which put the value over the limit on Schedule A.
6	Schedule A - The CHASE IRA - CASH asset from the previous report has been rolled into the asset class (MSIRA) and is reflected in the current report with current reportable asset MSIRA (TEUX) and reportable transaction listed in Schedule B).